

A pregnant woman with long dark hair, wearing a grey t-shirt and a blue cardigan, is smiling and gently holding her belly. She is standing in front of a window with light coming through. The background is a soft, out-of-focus grey.

# **Congratulations & Welcome to Pregnancy**

*Thank you for choosing Women's Care of Kentucky, a part of Cumberland Family Medical Center, Inc.  
We look forward to serving you during your pregnancy.*

## **Our Offices**

### **Women's Care of Lake Cumberland**

333 Bogle Street

Somerset, Kentucky 42503

(606) 678-0705 – Main line

(606) 678-3145 –Labor and Delivery \*call for after hours and/or emergency questions

(Also servicing satellite locations in Russell Springs, Monticello and Whitley City)

Delivery Site: Lake Cumberland Regional Hospital – 305 Langdon Street, Somerset, Kentucky 42503

### **Women's Care of the Commonwealth**

333 South Third Street

Danville, Kentucky 40422

(859) 236-7712 – Main line

(859) 239-2550 – Labor and Delivery \*call for after hours and/or emergency questions

(Also servicing satellite locations in Harrodsburg)

Delivery Site: Ephraim McDowell Regional Medical Center – 217 S. 3rd Street, Danville, Kentucky 40422

### **Women's Care of the Bluegrass**

279 Kings Daughter Drive, Suite 301 and 302

Frankfort, Kentucky 40601

(502) 227-2229 – Main Line

\*For after hour calls and/or emergencies please call the main line listed above to get in touch with the on call service

(Also servicing satellite locations in Lawrenceburg, Owenton, Shelbyville and Versailles)

*Please note that while satellite locations may be located near a local hospital, delivery services are only available at the Delivery Sites listed above. Satellite locations are only for prenatal/postnatal appointments; however, you may not be eligible to be seen at a satellite location if you have certain conditions or complications during your pregnancy.*

## **Telephone Calls**

If you have questions between visits, please do not hesitate to call the office and ask to speak with a nurse. You may be asked to leave a message; however, every effort will be made to return your call the same day.

**IN CASE OF EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY DEPARTMENT.**

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## Prenatal Visits

Prenatal care is a type of healthcare given while you are pregnant. Your first OB visit is very important. We will obtain a thorough medical history on you and the father-to-be. Your weight, height, and blood pressure will be taken. A urinalysis will be performed and you will be evaluated to see if a pap smear is clinically indicated at this time. A brief trans-vaginal ultrasound may also be done.

At your first OB visit we will also calculate your due date. This date becomes a “monitoring progress” date. Your pregnancy is measured in weeks, and an average term pregnancy is 280 days, (or 40 weeks), from the first day of your last menstrual period. It is important to remember that only 5% of babies are delivered on their due date, although most are born within two weeks of the expected day.



**Due Date = Last period (1st day) minus 3 months plus 1 week**

**(Example: Last period beginning on September 12th would make the due date June 19th)**

You will be given an order to have your blood drawn for prenatal laboratory work. These labs can include checking for Hepatitis B and C, HIV, reactive plasma reagent (screens for syphilis), varicella, immunity to rubella (German measles), blood type & screen, and complete blood count. You will also be offered cystic fibrosis screening. Other labs may be ordered in addition based on individual clinical indication of each patient.

## Subsequent Visits



We will check your weight, blood pressure, and a urinalysis will be performed. A Fetal Doppler will be used to hear the baby’s heart tones. We will assess fetal activity, baby’s growth, and address pregnancy symptoms like nausea, cramping, or bleeding.

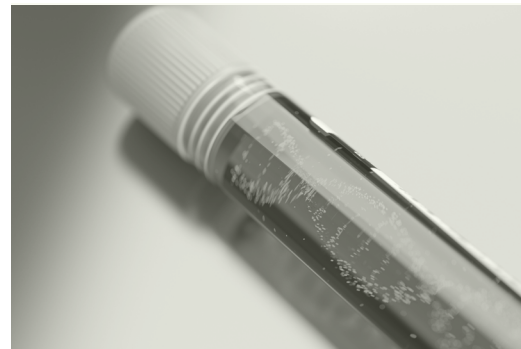
Around 20 weeks, a routine ultrasound is scheduled in our office. An ultrasound uses sound waves to make a picture of the baby moving inside your uterus.

Between 24 and 28 weeks you will be screened for diabetes. We recommend you not eat or drink anything sugary for at least four hours before coming for the 1-hour glucose test. The 1-hour glucose tolerance test involves drinking a SUPER sugary drink and having your blood drawn one hour later to measure your blood sugar level. If the test reveals a high level of glucose in your blood, a more extensive three-hour glucose test will be conducted. You will also be checked for anemia at this time.

If your blood type is Rh negative, antibody testing will be performed with labs and you will receive a RhoGAM injection around 28 weeks. This will keep your body from forming antibodies that could fight against your baby’s blood if it is Rh positive. You will have this injection again after delivery, if your baby is Rh positive.

### Genetic Testing

Genetic testing is offered to every patient. More specific tests may be done based on your personal or family history. We recommend genetic screening to assess baby's risk for down syndrome and similar chromosomal disorders. We offer two types of blood tests to screen for such disorders. The first is cell free DNA testing which can be performed from 10 weeks. This test can also reveal the baby's sex. The second is the Quad screen which is performed between 15 weeks and 22 weeks. This also assesses the risk of spinal cord defects (Spina Bifida).



We also offer testing for some genetic conditions that parents can pass on to their children, even if they are not currently affected.

- Cystic Fibrosis is one such genetic condition that affects the respiratory and digestive system. 1 in 29 Caucasians, 1 in 45 Hispanics, and 1 in 65 African-Americans carry a gene for this disease. Parents can be tested for this condition at any time with a blood test.
- Sickle Cell Anemia can be tested for with a blood test. Sickle Cell Anemia is more predominate in those of African-American race. According to the CDC, about 1 in 13 African-American babies are born with a sickle cell trait.

If any of these tests are abnormal, you may be referred to a high-risk specialist for further testing. We may recommend genetic counseling, further ultrasounds, or more extensive testing like amniocentesis.

Remember that no lab test is perfect. An abnormal result is not 100% predictive of a problem with the baby.

### Vaccinations

#### Influenza A (Flu A)

The flu is a serious illness that can be much more severe during pregnancy. The flu can be life-threatening for newborns and pregnant women. Getting the flu vaccine during pregnancy can help protect your newborn from the flu until the baby is old enough for his or her own vaccine at six months of age. The flu vaccine is safe for both you and your baby.

#### Tetanus Toxoid-Reduced Diphtheria Toxoid-Acellular Pertussis (TDAP)

Tdap is a combination vaccine that protects against three potentially life-threatening bacterial diseases: tetanus, diphtheria, and pertussis (whooping cough). This should be taken between 27 and 36 weeks of pregnancy to maximize the protection of your newborn. The newborn protection occurs because protective antibodies you produce post-vaccination are transferred to your baby, protecting your newborn until he or she may receive these vaccines at two months of age. The Tdap vaccine is an effective and safe way to protect you and your baby from serious illness and complications of pertussis.

#### COVID-19 Vaccine

The American College of Obstetricians and Gynecologists recommends that all pregnant women be vaccinated against COVID-19. Pregnant women have a higher risk of developing severe illness or complications from COVID-19 in comparison to non-pregnant women.

A growing amount of data confirms that COVID-19 vaccines are safe during pregnancy and show effectiveness in preventing COVID-19 infection, severe illness and even death. If you are pregnant and want to know more about COVID-19 vaccination options, please discuss this with your OB Provider.

### Dental Care

Caring for your teeth during pregnancy is very important. Routine dental examination and treatment is encouraged. Due to hormonal changes, you are more susceptible to cavities, bleeding gums, and gum infections. You should tell your dentist that you are pregnant, before receiving dental care. Local anesthesia injections are safe, but avoid general anesthesia/nitrous oxide IF possible. Use a lead apron if x-rays are necessary. If you do not have a primary dentist, our clinics can assist you with finding a dental provider.

### Educational Programs

There may be educational classes offered through your delivering hospital. Please ask our staff on how to obtain additional information regarding these programs. Programs typically offered are:

- Breastfeeding Basics provides instruction in the techniques and management of breastfeeding.
- Prenatal Education gives you an idea about what to expect at the hospital. This includes breathing and relaxation exercises and birthing options that are available.

### Nutrition

You are eating for two but this only means about an extra 300 calories per day. It is important to have proteins, calcium and omega-3 fatty acids in your diet.

### Seafood

Seafood is a great source of DHA, which helps build your baby's brain and eyes. You should limit yourself to 2-3 servings of seafood each week. The only fish to avoid are shark, swordfish, king mackerel, tilefish, marlin, orange roughy, and albacore tuna.

### Listeriosis

This is an infectious disease caused by bacteria that is transmitted by some foods. Symptoms include sudden onset of fever, headache, muscle cramps, abdominal pain, nausea, diarrhea, and vomiting. The listeria bacteria can infect the fetus during pregnancy, causing a spontaneous abortion, stillbirth, or an infected newborn. Avoid unpasteurized cheeses such as queso blanco, queso fresco, goat cheese, Brie, Camembert, and blue-veined cheeses unless they say "pasteurized." Fruits can also harbor Listeria. Be sure to wash fruits and vegetables well.

### Exercise

Common sense should guide you regarding exercise. Keeping fit can help prevent back pain, may increase stamina during labor and may speed up your recovery after delivery. When an activity is associated with significant discomfort, it should be discontinued. Your heart rate should remain below 140 beats per minute. If you are not used to exercise, increase your level gradually. You should drink plenty of water and avoid getting overheated or dehydrated.

### Toxoplasmosis

You should avoid cleaning cat litter boxes and eating undercooked meat due to the risk of exposure to toxoplasmosis. This is a potentially harmful infection, which could cause your unborn baby to suffer permanent eye and neurological damage.

### Sexual Relations

For healthy pregnant women without complications, sex is safe up to delivery.

### Swimming

Swimming is fine and may be helpful for sore muscles, back pain, and swelling. Swimming in a lake, ocean, or pool is safe. Hot tubs, saunas and whirlpools should be avoided during pregnancy due to the risk of overheating, however, warm baths are safe during pregnancy. Remember to use sunscreen to avoid sunburn during outdoor swimming activities.

### Tanning

Tanning beds are not healthy for you at any time. They should be avoided especially during pregnancy.

### Nails

You may polish your nails and have a professional manicure.

### Painting/Cleaning

We recommend that you use only latex paint and that you avoid paint strippers. Keep the area well ventilated where you are cleaning or painting.

### Travel

Travel during pregnancy is not considered harmful for a normal pregnancy, but long, tiresome trips should be avoided. The Federal Aviation Administration (FAA) recommends that you do not fly after 36 weeks of pregnancy. Limit cruise ship travel after 20 weeks of pregnancy. When you travel by car, wear your seatbelt low over your hips. Stay within two hours of the hospital during your last month of pregnancy. Take frequent breaks to stretch your legs and walk around on long trips.

### Smoking

Please DO NOT smoke during pregnancy. Tobacco smoke is a major source of carbon monoxide, which can interfere with the oxygen supply to the fetus. Your baby will have twice the level of carbon monoxide that you have. Smoking increases the risk of premature delivery, stillborn infants, and miscarriages. Smoking results in up to ten times increased risk for SIDS (Sudden Infant Death Syndrome). E-cigarettes, vaping and smokeless tobacco products, such as snuff and gel strips, are also not safe during pregnancy. Secondhand smoke can cause growth problems for your fetus and increase your baby's risk of SIDS. Please ask your Provider if you need help to quit smoking or call 1-800-QUIT-NOW.

### Weight Gain

You should gain about 20 to 25 pounds during pregnancy. Most of the weight gain should come in the last two trimesters. If you were overweight before pregnancy, you should gain 15 to 25 pounds. If you were underweight before pregnancy, you should gain 28 to 40 pounds.

### Vitamins

Be sure to take your prenatal vitamins throughout your pregnancy. A multivitamin that contains 400 to 800 micrograms of folic acid and DHA will greatly reduce the risk of birth defects.

### Zika Virus

An infection with the Zika virus during pregnancy can cause severe fetal brain defects. The Zika virus is primarily spread through infected mosquitos. Take measures to avoid mosquito bites during pregnancy. Do not travel to areas of active Zika virus transmission.

### COVID-19 & Other Respiratory Viruses

An infection with COVID-19 during pregnancy can increase your risk of severe illness, preterm labor, and preterm delivery. You should follow public health guidelines related to mask wearing and social distancing to decrease your risk of contracting such illnesses. Discuss any appropriate vaccinations with your provider.

## Discomforts and Illness During Pregnancy

### Allergies, Colds, and Sinus Infections

Colds are caused by viral infections. Antibiotics are not effective against colds because they fight bacterial infections, not viruses. A decongestant (e.g. Sudafed or Afrin Nasal Spray) can help you breathe if your nose is blocked. Nasal sprays are more effective but shouldn't be used consistently for longer than a week. A humidifier or steam vaporizer may make you feel better. An expectorant (e.g. plain Robitussin) can help your cough and your chest congestion. Lots of water helps loosen secretions. Tylenol can help aches, sore throat, and feverish feelings. Throat spray and lozenges can soothe your throat. Frequent sips of warm liquids and saltwater gargles may also help. You can take an antihistamine if you need something to help you sleep, but otherwise they are for allergies. If you have allergies and need medications, it is safe to use Allegra, Zyrtec, or Claritin. There is no good medicine to stop a runny nose – that's your immune system trying to flush out the virus. Be sure to drink plenty of water and stay hydrated.

### Constipation

Drink at least eight glasses of water daily. Eating more fresh fruits (especially strawberries and blueberries), vegetables, and whole grain foods may help prevent constipation. Maintain a regular exercise program. In addition to diet and activity modifications listed above, Miralax, Colace, or Milk of Magnesia may be helpful.

### Diarrhea

Drink liquids to avoid dehydration. Avoid dairy products. Try eating rice, bananas or toast. Immodium may be helpful. Call our office if you have diarrhea that lasts more than two days and is accompanied by a fever, severe or unbearable abdominal pain or blood or mucus in your stools.

### Headaches

To relieve headaches, rest in a dark room and drink fluids, try relaxation techniques, massage, and/or hot/cold compresses. Tylenol 650 mg every six hours or 1000 mg every 8 hours may be helpful.

### Heartburn

Acid contents can reflux into the esophagus and cause discomfort. Tums, Pepcid, and Mylanta are considered safe for pregnant women; however, Pepto-Bismol is not recommended during pregnancy.



## Discomforts and Illness During Pregnancy

### Leg Cramps

Wear comfortable, flat-heeled shoes. Avoid crossing your legs, elevate them whenever possible. If you experience a leg cramp, flex your foot back and pull your toes toward your head. Soak your legs in a warm tub before bed may also be beneficial.

### Lice

Nix is safe to use to treat lice.

### Round Ligament Pain

Round ligament pain is due to normal changes that take place as your body is transformed by pregnancy. Round ligament pain refers to a type of pelvic pain caused by stretching of the round ligaments most commonly on the right side of the pelvis. Treatment for round ligament pain may include applying a heating pad to the area, warm soaks in a bath, lying on the opposite side of the pain and or using a maternity support belt. You may use Tylenol as directed to help reduce pain.

### Nausea

Nausea may also be referred to as morning sickness (which can happen during any time of the day) and affects many pregnant women in their first trimester. If you feel sick in the morning, try eating saltine crackers before you get out of the bed. Eating four or five small meals each day (rather than three larger meals) may also help. By keeping your stomach from getting too full or too empty. Ginger ale or other carbonated beverages may also help alleviate nausea.

### Nose Bleeds

Avoid overheated air, excessive exertion, and medicated nasal sprays. Blow your nose gently. Saline spray, Vaseline, or Vicks is fine. A cool mist humidifier may also help.

### Swollen Hands/Feet

Avoid restrictive clothing and long periods of standing. Elevate your legs throughout the day. Drink at least 8 glasses of water daily and limit sodium intake. Discuss with your Provider if compression stockings would be helpful for you.

### Vaginal Discharge

Cervical mucus increases as pregnancy progresses. Wear cotton underwear and a panty liner. Avoid tight pants or jeans. Call the office if you have itching, a change in color or consistency of discharge, or a foul smelling discharge.

### Vaginitis

Vaginitis is an irritation of the vagina or vulva and may be caused by a yeast infection. Monistat 7 and Gyne-Lotrimin are considered safe to use for treatment.

### Varicose Veins

Avoid crossing your legs or long periods of standing. Walking with periods of rest, wearing support hose, and elevating your legs may be helpful.

# Safe Medications During Pregnancy

## Cold/Allergies

Benadryl, Claritin, Zyrtec, Allegra, Flonase, Saline Nasal Spray, Dimetapp, Mucinex, Sudafed, Tylenol Cold and Sinus, Plain cough drops, Plain Robitussin

## Constipation

Colace, MiraLax, Senakot, Dulcolax, Fibercon, Metamucil

## Diarrhea

Immodium

## Gas

BGas-X, Mylanta, Mylicon, Phazyme, Tums

## Headaches

Cold Compress, Tylenol

## Heart Burn

Maalox, Mylanta, Pepcid, Milk of Magnesia, Prevacid, Pepcid Complete, Tums

## Hemorrhoids

Preparation H, Tucks, Proctosol

## Insomnia

Benadryl, Unisom

## Muscle Aches

Biofreeze, Tylenol

## Nausea Vomiting

Vitamin B6 25mg (3 times daily), Unisom ¼ or ½ tablet at bedtime, Dramamine, Ginger root 250mg 4 times daily, Ginger candies, Sea bands, Tums

## Rash

Benadryl, 1% Hydrocortisone Cream

## Yeast Infection

Gyne-Lotrimin, Monistat-7, Terazol-7

## Warning Signs

### Preterm Labor

Preterm labor occurs when regular contractions result in the opening of your cervix after 20 weeks and before 37 weeks of pregnancy. Warning signs for preterm labor include an increase or change in vaginal discharge, pelvic or low abdominal pressure, abdominal cramps with or without diarrhea, and regular contractions that do not subside with rest. **If you experience any of these symptoms, go to your local emergency room immediately for additional testing and monitoring.**

### High Blood Pressure

Preeclampsia is a condition in pregnancy characterized by high blood pressure, sometimes with fluid retention and proteinuria (abnormal quantities of protein in the urine). Preeclampsia develops in fewer than 10% of pregnant women. The cause of this potentially serious condition is unknown. Warning signs of preeclampsia are rising blood pressure readings, right upper abdominal pain, blurred vision, persistent headaches, presence of abnormal amounts of protein in the urine, and significant swelling of hands, feet, and your face. Please call us if you have any concerns or come to the hospital, especially if your blood pressure is persistently over 140/90 or greater.

### Bleeding

Light vaginal spotting, especially when wiping is common in pregnancy; however, active, bright red bleeding with or without pain is not normal. **If you have bright red bleeding that is similar to or heavier than a normal period, go to your local emergency room immediately for additional testing and monitoring.**

### Decreased Fetal Movement

While in the third trimester, the following can be used as an assessment to fetal movement:

- At least 10 fetal movements over a two-hour period when mother is at rest and focused on counting. You may use “baby wake-up” tactics, including but not limited to: eating a sugary snack, walking for five minutes, laying down, gently poking your stomach or drinking a sugary drink.
- At least 10 fetal movements during twelve hours of normal maternal activity.
- At least 4 fetal movements in a one-hour time frame when mother is at rest and counting.
- **If you are in your third trimester and do not feel your baby move ten times within two hours despite using the usual “baby wake-up” tactics, go to your local emergency room immediately for additional testing and monitoring.**

## Development of the Baby

Your baby starts out as a fertilized egg no bigger than the period at the end of this sentence. The baby will change and grow every single day. It will take 280 days, or 40 weeks, before the baby is fully developed. Pregnancy is often divided into three periods called trimesters.

### First Trimester (0-13 weeks)

By the end of the first month the baby will be 1/2 inch in length and weigh less than 1 ounce. Organs such as the heart, brain, and lungs are beginning to form. The placenta and umbilical cord are developing. The umbilical cord carries nourishment to and waste away from the baby.

# Development of the Baby

## First Trimester (0-13 weeks)

By the end of the second month the baby will be 1-1/8 inch in length and weigh less than 1 ounce. The arms and legs are starting to form. The head is large in proportion to the rest of the body because the brain is developing rapidly. Facial features become more pronounced.

By the end of the third month the baby will be 4 inches in length and weigh 1 ounce. The baby is called a fetus and teeth and lips begin to develop. The kidneys produce urine and tooth buds appear.

## Second Trimester (14-27 weeks)

By the end of the fourth month the baby will be 7 inches in length and weigh 5 ounces. Eyelashes, fingernails, and toenails are forming. The baby has vocal cords and taste buds and can suck its thumb.

By the end of the fifth month the baby will be 8 to 12 inches in length and weigh about 1/2 to 1 pound. Hair begins to grow and a protective coating of vernix (a white, greasy substance) covers the baby.

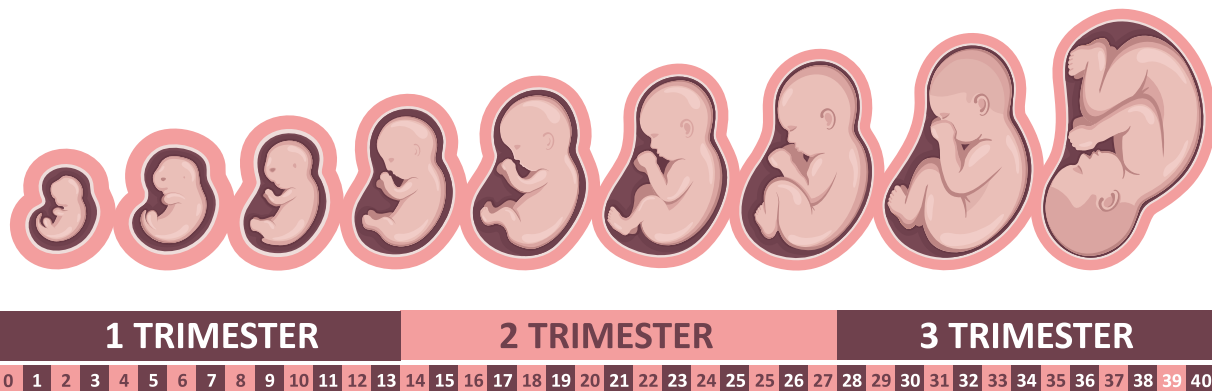
By the end of the sixth month the baby will be 11 to 14 inches in length and weigh about 1 to 1-1/2 pounds. The baby can open and close its eyes, cough, and hiccup.

## Third Trimester (28-40 weeks)

By the end of the seventh month the baby will be 15 inches in length and weigh about 2-1/2 to 3 pounds. The baby's skin is red and wrinkled because there is practically no fat under it. The baby can respond to stimuli (pain, light, and sound).

By the end of the eighth month the baby will be 16-1/2 to 18-1/2 inches in length and weigh 4-1/2 to 6 pounds. The bones continue to harden as the baby develops and the baby can hear sounds outside your body.

By the end of the ninth month the baby will be 20 to 22 inches in length and weigh 6 to 8 pounds. The baby will have smooth skin and the bones of the head will be soft and flexible for delivery.



## False Labor

- There is no bloody show.
- Contractions are irregular and not progressively closer together. Walking, hydration, changing activity, or changing positions may relieve or stop the contractions.
- There is no change in cervix.

## If Your Water Breaks

We want you to come to the hospital when your water breaks. Even if you are not having contractions.

## Actual Labor

- A “bloody show” discharge increases late in pregnancy, and sometimes mucous is mixed with blood. The show may happen as contractions start or may happen many days earlier as the cervix starts to thin.
- A series of continuous, progressive contractions that get stronger, occur more frequently, and last longer.
- During actual labor, walking, changing activity, or changing position will not affect the intensity or frequency of contractions and they will continue to progress.
- Cervix will begin dilating, once at 10 centimeter the cervix is fully dilated.

Please go to the hospital when your contractions are 5 to 7 minutes apart and have been happening for over an hour. *Labor with the first baby varies with different patients, but on average lasts 12-14 hours. After the first baby, labor averages 5-6 hours. Labor can sometimes last 24 hours or more especially when labor is induced.*

## Induction of Labor

Induction of labor is performed when delivery prior to the onset of labor is needed. This is usually recommended for certain pregnancy complications like preeclampsia, hypertension, and diabetes. This is also considered when labor doesn't start after your due date. Certain medications like Cervidil, Misoprostol, and Pitocin can be used to start contractions and labor.

## Pain Relief Options

- Natural – no use of medications during labor. This often involves relaxation and breathing techniques.
- Epidural – anesthetic injected through a catheter in the lower back which numbs the lower abdomen, legs, and birth canal.
- IV Narcotics – pain medications that are given through your IV.

## Vaginal Birth

The first stage of labor starts with the onset of labor and is completed when the cervix is completely dilated to 10 centimeters. The first stage of labor can take quite a long time, especially with a first baby. This stage of labor could last 12 to 24 hours.

The second stage of labor starts with the cervix becoming fully dilated and is completed with the delivery of the infant. The second stage of labor is much shorter than the first stage. The contractions are now very close together and the baby is being pushed out.

The third stage of labor begins after the delivery of the infant and is completed with the delivery of the placenta or afterbirth. This stage can last a few minutes or up to thirty minutes with minimal pushing needed.

## Cesarean Birth (C-Section)

Cesarean birth involves removal of the baby through the mother's abdominal wall. There are numerous reasons for cesarean deliveries. Some are known prior to labor, but many aren't identified until after labor begins and progresses. Any one or a combination of the following conditions can lead to a cesarean birth.

- **Abnormal Presentation** – The baby's position prevents normal head first delivery. Delivering a baby with a breech presentation (buttocks or legs as the presenting part) can cause risk to the baby's well-being. A baby in a transverse position (lying sideways in the abdomen) cannot be delivered vaginally.
- **Cephalopelvic Disproportion**- The baby's head or body is too large to pass through the birth canal.
- **Fetal Distress**- The baby's heartbeat may appear abnormal during labor, indicating possible trouble for the baby.
- **Maternal Bleeding**- The placenta can separate from the uterus prematurely and disturb the oxygen supply to the baby. Additionally, the placenta can become positioned over the cervix and prevent passage of the baby.
- **Maternal Medical Condition**- Preeclampsia, genital herpes, diabetes, heart disease and certain other medical conditions in the mother can lead to a Cesarean birth in some situations.
- **Previous Cesarean Birth**- The previous scar in the uterus may be weak and allow rupture of the uterus during labor.
- **Prolapsed Cord**- The baby's umbilical cord comes out of the vagina ahead of the baby and can endanger it by cutting off its oxygen supply.

## Ways to Give Birth

### Vaginal Birth after Cesarean (VBAC)

**\*\* Please note that this option may not be available at certain clinic/hospital locations\*\***

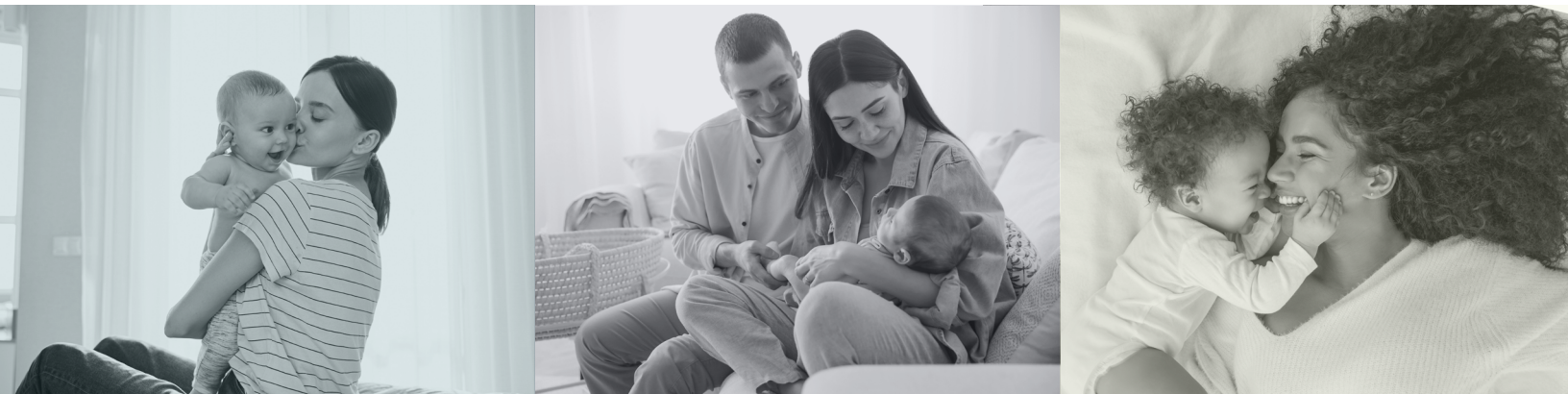
Many women are candidates for vaginal birth after cesarean birth. Compared to having another cesarean birth, a vaginal delivery involves no surgery, none of the possible complications of surgery, a shorter hospital stay and a quicker return to normal daily activities.

Although VBAC might be a safer option for most women, there are multiple factors that can decrease the likelihood of having a VBAC. Factors include:

- Previous stalled labor
- Advanced maternal age
- Pregnancy that continues past 40 weeks
- Body mass index of 40 or higher
- Preeclampsia
- Previously delivered within 18 months
- History of two or more prior C-Sections and no vaginal deliveries.

Risks of VBAC are infection, blood loss, uterine rupture (although a rupture of the uterus is rare, it is very serious and may harm both you and your baby. If you are at high risk or rupture of the uterus, VBAC should not be attempted), and other possible complications.

Discuss with your provider to see if VBAC is an available option for you.



Most women spend 48 hours in the hospital after a vaginal birth. If you have a cesarean or any complications, you may stay longer.

### Postpartum Discomforts

- **Afterbirth Pains/Cramping:** These are due to the uterus contracting as it returns to its normal size. They usually only last a few days. We recommend changing your position often, emptying your bladder frequently, using a heating pad and/or taking ibuprofen.
- **Bleeding:** It is called “lochia” and occurs in 3 stages. The first stage is bright red and may last for about 3 days. The second stage is a medium red and may last about 1-3 weeks. Finally, the last stage will be a brownish color and may last for approximately 3 weeks.
- **Constipation:** The pressure exerted during labor can cause the rectum to become numb and the muscles that push the bowel movements to be sluggish. Try increasing your fluid intake and fiber. You may also want to consider a stool softener.
- **Emotional Changes:** It is normal to feel exhausted, overwhelmed, and sleep deprived. Your lifestyle has changed and fluctuating hormones might cause anxiety and feelings of helplessness. These “baby blues” are common, so expect that they might happen. Usually though, postpartum blues don’t last longer than a few days to a couple weeks. If you find yourself unable to function, you have no interest in your baby, or can’t sleep or eat please call the office.
- **Loss of Bladder Control or Leakage of Urine:** This is often from decreased perineal muscle tone. Try doing Kegel exercises. In Kegel exercises, you tighten the pelvic floor muscles the way you would to stop the flow of urine in midstream. The muscles will pull together in the form of a figure 8, and the pelvic floor will lift slightly. You should hold these muscles tightly for two or three seconds and then release them. Repeat for several minutes twice a day. We may refer you for pelvic floor physical therapy after you have recovered from the birth to help regain the strength in these muscles.

### Signs and Symptoms to Report after Delivery

- Fever over 100.4
- Bleeding heavier than a menstrual period (soaking more than one pad in an hour). Chest pain and/or cough
- Nausea and vomiting
- Burning, pain, urgency (frequent, strong desire to void) with urination. Perineal pain and tenderness that does not subside
- Postpartum depression



## Postpartum Depression

Postpartum depression may be mistaken for the “baby blues” at first, but the signs and symptoms are more intense and last longer, and may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms of postpartum depression usually develop within the first few weeks after giving birth, but may begin earlier – during pregnancy- or later up to a year after birth. Signs and symptoms of postpartum depression may include:

- Depressed mood or severe mood swings
- Excessive crying
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep or sleeping too much
- Overwhelming fatigue or loss of energy
- Reduced interest in activities you used to enjoy
- Intense irritability and anger
- Fear you are not a good mother, or your baby would be better without you
- Hopelessness
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide

**\*\* If you have any of these symptoms, please contact your Provider immediately.**

**If you have thoughts of harming yourself or your baby or are having extreme thoughts of death or suicide, please contact the National Suicide Prevention Hotline at 800-273-8255.**

## Postpartum Check

At your 4-to-6-week postpartum visit, your provider will evaluate to be sure your body is healing well and is returning to its pre-pregnant state. This is the time we will discuss your birth control options.







